

FRANK J. UXA, JR.\*  
ROBERT D. BUYAN\*  
DONALD E. STOUT  
KENTON R. MULLINS  
LINDA ALLYSON FOX  
JENNIFER K. ROSENFELD\*\*

OF COUNSEL:  
CARLOS A. FISHER\*

LAW OFFICES OF  
**STOUT, UXA, BUYAN & MULLINS, LLP**

4 VENTURE, SUITE 300  
IRVINE, CALIFORNIA 92618  
(949) 450-1750  
FACSIMILE: (949) 450-1764

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DATE: 7/18/06

TO: U.S. Patent & Trademark Office

FAX: 571-273-8300

FROM: Stout, Uxa, Buyan & Mullins

RE: U.S.S.N. 10/716,739  
Our Ref. A-1789-DIV

**\*URGENT\***

Please deliver to Examiner Gary W. Counts (AU.1641)

THIS TRANSMISSION CONSISTS OF 8 PAGES INCLUDING THIS COVER  
PAGE.

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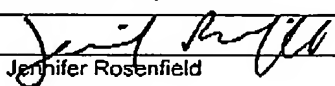
PTO/SB/21 (09-04)

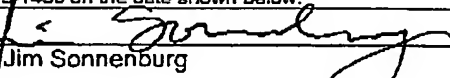
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<b>TRANSMITTAL FORM</b>		Application Number	10/716,739
		Filing Date	November 18, 2003
		First Named Inventor	PANDIAN
		Art Unit	1641
		Examiner Name	Counts, G.W.
(to be used for all correspondence after initial filing)		Attorney Docket Number	A-1789-div
Total Number of Pages in This Submission	7		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Stout, Uxa, Buyan & Mullins, LLP	
Signature		
Printed name	Jennifer Rosenfield	
Date	July 18, 2006	Reg. No. 53,531

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313/1450 on the date shown below:	
Signature	
Typed or printed name	Jim Sonnenburg
Date	July 18, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JUL 1 8 2006

Patent Fees are subject to annual revision. <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>					
		Application Number	10/716,739				
		Filing Date	November 18, 2003				
		First Named Inventor	PANDIAN				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Counts, G.W.				
TOTAL AMOUNT OF PAYMENT	(\$)	Art Unit	1641				
		Attorney Docket No.	A-1789div				
<b>METHOD OF PAYMENT (check all that apply)</b>							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-5135</u> Deposit Account Name: <u>Donald E. Stout</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments							
under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PYO-2038.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
					<b>Subtotal (1)</b>		_____
<b>2. EXCESS CLAIM FEES</b>		Small Entity					
Fee Description		Fee (\$)	Fee (\$)				
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25				
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100				
Multiple dependent claims		360	180				
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
_____ - 20 or HP = _____	x _____	= _____					
HP = highest number of total claims paid for, if greater than 20							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
_____ - 3 or HP = _____	x _____	= _____					
HP = highest number of independent claims paid for, if greater than 3							
		<b>Subtotal (2)</b>	0				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>				
_____ - 100 = _____	/ 50 = _____	(round up to a whole number)	x _____				
		<b>Subtotal (3)</b>	0				
<b>4. OTHER FEE(S)</b>	Fees Paid (\$)						
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration : \$130 (\$65 small entity discount)	_____						
<input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)	_____						
<input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)	_____						
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)	_____						
<input type="checkbox"/> 4-month extension of time: \$590 fee (\$295 small entity discount)	_____						
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)	_____						
	<b>Subtotal (4)</b>						

SUBMITTED BY

Signature

Registration No. 53,531  
(Attorney/Agent)

Telephone (949) 450-1750

Name (Print/Type) Jennifer Rosenfield

Date 7/18/06

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/716,739 Confirmation No. 6774  
Applicant : PANDIAN et al.  
Filed : November 18, 2003  
Title : METHODS AND KITS FOR DETECTING ITA IN A BIOLOGICAL  
SAMPLE

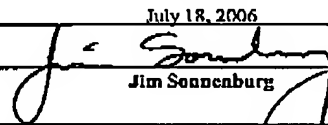
TC/A.U. : 1600/1641  
Examiner : COUNTS, G.W.

Docket No. : A-1789 DIV  
Customer No. : 33197

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Date:	July 18, 2006
By:	 Jim Sonnenburg

**RESPONSE TO FINAL OFFICE ACTION**

Dear Sir:

This communication is submitted in response to the Office Action mailed on May 18, 2006 by the United States Patent and Trademark Office regarding the above-identified application. A response to the Office Action is due on August 18, 2005. This response is being submitted WITHIN TWO MONTHS of the mailing date of the Final Office Action. Accordingly, this response is being timely filed. Please amend the application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.